

Fill in this information to identify the case:

Debtor name **Shields Nursing Centers, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) **23-41201**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<p>Priority creditor's name and mailing address</p> <p>Employee Development Department Bankruptcy Group MIC 92E PO Box 826880 Sacramento, CA 94280-0001</p> <p>Date or dates debt was incurred</p> <p>2nd and 3rd Q of 2023</p> <p>Last 4 digits of account number 5134</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Tax obligation</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$76,253.36</p>	<p>\$76,253.36</p>
2.2	<p>Priority creditor's name and mailing address</p> <p>Internal Revenue Service P O Box 7346 Philadelphia, PA 19101-7346</p> <p>Date or dates debt was incurred</p> <p>3rd Q of 2023</p> <p>Last 4 digits of account number 5134</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Payroll tax obligation</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$297,795.19</p>	<p>\$297,795.19</p>

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

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3.1	Nonpriority creditor's name and mailing address Ability Non-Emergency Medical Transport 970 Rock Ridge Way Pittsburg, CA 94565 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.60
3.2	Nonpriority creditor's name and mailing address Accelerated Care Plus Corp 13828 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,951.56
3.3	Nonpriority creditor's name and mailing address Allied Propane c/o Sandra 5000 Seaport Ave Richmond, CA 94804 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.00
3.4	Nonpriority creditor's name and mailing address AMPG Healthcare Solution, Inc 1313 N. Milpitas Blvd #154 Milpitas, CA 95035 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,648.54
3.5	Nonpriority creditor's name and mailing address Ashley and Alexandra Stuteville c/o Milanfar Law Firm, PC Attn: Shahrar Milanfar, Esq. 1777 Oakland Blvd., Ste 220B Walnut Creek, CA 94596 Date(s) debt was incurred _____ Last 4 digits of account number <u>2208</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Request for dismissal of lawsuit filed on 6/18/2023 and entered on 6/22/2023; included as a precaution and for notification purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.6	Nonpriority creditor's name and mailing address ATC Healthcare Services 75 Remittance Dr Dept 6773 Chicago, IL 60675 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,965.65
3.7	Nonpriority creditor's name and mailing address Bay Area Surgical Specialists 365 Lennon Lane Walnut Creek, CA 94598 Date(s) debt was incurred <u>2022 - 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$876.32

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3.8	Nonpriority creditor's name and mailing address Bay Janitorial, Inc 3014 Ford Street Oakland, CA 94601 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,601.03
<hr/>			
3.9	Nonpriority creditor's name and mailing address BlueVine 401 Warren St., Ste 300 Redwood City, CA 94063 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178,341.00
<hr/>			
3.10	Nonpriority creditor's name and mailing address Brazell Carter, M.D. 2600 Macdonald Ave Richmond, CA 94804 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
<hr/>			
3.11	Nonpriority creditor's name and mailing address California Beverage Systems, Inc 2502 Technology Dr Hayward, CA 94545 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,625.00
<hr/>			
3.12	Nonpriority creditor's name and mailing address California Dept of Public Health Fiscal Management Branch, MS 3202 Sacramento, CA 95899 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Assessment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
<hr/>			
3.13	Nonpriority creditor's name and mailing address California Diesel & Power 150 Nardi Lane Martinez, CA 94553 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.65
<hr/>			
3.14	Nonpriority creditor's name and mailing address Capstone Health LLC 11155 San Pablo Ave, Suite A El Cerrito, CA 94530 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,069.91

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3.15	Nonpriority creditor's name and mailing address City of El Cerrito Attn: A/R Clerk 10890 San Pablo Ave El Cerrito, CA 94530 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Licensing fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$683.00
3.16	Nonpriority creditor's name and mailing address City of Richmond c/o Finance Dept 450 Civic Center Dr., PO Box 4046 Richmond, CA 94804 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Licensing fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,719.00
3.17	Nonpriority creditor's name and mailing address Community Mobile Diagnostic Inc Attn: Cash Apps PO Box 676210 Dallas, TX 75267-6210 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,262.32
3.18	Nonpriority creditor's name and mailing address Community Mobile Ultrasound Inc Attn: Cash Apps PO Box 676210 Dallas, TX 75267-6210 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,027.92
3.19	Nonpriority creditor's name and mailing address Contra Costa County Tax Collector PO Box 51104 Los Angeles, CA 90051 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,833.13
3.20	Nonpriority creditor's name and mailing address Cooper & Hawkins Inc 2701 San Pablo Ave Berkeley, CA 94702 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,412.22
3.21	Nonpriority creditor's name and mailing address CTI III, LLC CTI Corporate Tax Incentives 1720 Prairie City Rd., Ste 120 Folsom, CA 95630 Date(s) debt was incurred <u>6/2023</u> Last 4 digits of account number <u>9784</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270,393.51

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3.22	Nonpriority creditor's name and mailing address Daniels Sharpsmart, Inc Daniels Health 111 W Jackson Blvd., Ste. 1900 Chicago, IL 60604 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,523.12
3.23	Nonpriority creditor's name and mailing address Dept. of Health Care Services Acct Sect/Cashiers Unit, MS 1101 PO Box 997415 Sacramento, CA 95899-7415 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Quality Assurance Fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$760,221.99
3.24	Nonpriority creditor's name and mailing address Diagnostic Laboratories SL Coomunity Mobile Diagnostic Attn: Cash Applications PO Box 676210 Dallas, TX 75267-6210 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,856.10
3.25	Nonpriority creditor's name and mailing address Dialysis Access Center A Medical Corp Dept 33528 PO Box 39000 San Francisco, CA 94139 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,365.94
3.26	Nonpriority creditor's name and mailing address Direct Supply, Inc Healthcare Equipment PO Box 88201 Milwaukee, WI 53288-0201 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,255.07
3.27	Nonpriority creditor's name and mailing address Earleen Miller c/o Appleton Law Group, APC Attn: Heather Appleton, Esq. 2041 Rosecrans Ave., Ste. 380 El Segundo, CA 90245 Date(s) debt was incurred <u>1/13/2020</u> Last 4 digits of account number <u>1731</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pending claim with the Dept of Labor Commissioner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137,736.15
3.28	Nonpriority creditor's name and mailing address East Bay Sanitary Co PO Box 1316 El Cerrito, CA 94530 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,587.78

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3.29	Nonpriority creditor's name and mailing address Ecolab PO Box 100512 Pasadena, CA 91189 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,739.77
<hr/>			
3.30	Nonpriority creditor's name and mailing address EI Cerrito Investment Group, LLC Eyring Realty, Inc PO Box 2408 Danville, CA 94526 Date(s) debt was incurred <u>August and September 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent for EI Cerrito facility for two months</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,681.70
<hr/>			
3.31	Nonpriority creditor's name and mailing address Elam's Consulting & Inspection Services 164 Robles Dr. #270 Vallejo, CA 94591 Date(s) debt was incurred <u>7/2023</u> Last 4 digits of account number <u>n/a</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,750.00
<hr/>			
3.32	Nonpriority creditor's name and mailing address Entech Medical 1910 D Street La Verne, CA 91750-5410 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,417.00
<hr/>			
3.33	Nonpriority creditor's name and mailing address Fire & Security Alarm Company 1552 Beach Street Unit S Emeryville, CA 94608 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,907.00
<hr/>			
3.34	Nonpriority creditor's name and mailing address First Insurance Funding PO Box 3604 Northbrook, IL 60065 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,012.81
<hr/>			
3.35	Nonpriority creditor's name and mailing address Graph Insurance Group 270 Sylan Ave, Suite 2255 Englewood Cliffs, NJ 07632 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u>1033</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Defense counsel fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113,560.93

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3.36	Nonpriority creditor's name and mailing address Grove Menus, Inc 16404 NE 127th Street Kearney, MO 64060 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.00
3.37	Nonpriority creditor's name and mailing address IGeneX Inc 556 Gibraltar Drive Milpitas, CA 95035 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,312.00
3.38	Nonpriority creditor's name and mailing address Independent Life Medical Supplies LLC 2036 Blake Street Berkeley, CA 94704 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,666.68
3.39	Nonpriority creditor's name and mailing address Interactive Medical Systems Inc. aka Interactive Therapy Essentials PO Box 843789 Los Angeles, CA 90084-3789 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,918.18
3.40	Nonpriority creditor's name and mailing address Internal Revenue Service P O Box 7346 Philadelphia, PA 19101-7346 Date(s) debt was incurred <u>From 2001 -</u> Last 4 digits of account number <u>5134</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Estimated unpaid payroll taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,200,000.00
3.41	Nonpriority creditor's name and mailing address James Prasad 29910 Bello View Place Hayward, CA 94544 Date(s) debt was incurred <u>August 2023 - September 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent for Richmond facility for two months</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,809.04
3.42	Nonpriority creditor's name and mailing address JJ Medical Transport Services 2007 Cavalry Ave. Manteca, CA 95337 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$770.00

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3.43 Nonpriority creditor's name and mailing address
Johnson Controls
Dept. CH 10320
Palatine, IL 60055-0320
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$14,123.01

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.44 Nonpriority creditor's name and mailing address
Kaiser Foundation Health Plan, Inc
File 5915
Purchase #602186-0000
Los Angeles, CA 90074-5915
Date(s) debt was
incurred July 2023 - September 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$184,299.12

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Employee health care plan premium

Is the claim subject to offset? ☒ No ☐ Yes

3.45 Nonpriority creditor's name and mailing address
Madeline Bernier, et al
c/o McMahan & Carroll Law
Attn: Carl A. McMahan, Esq.
11755 Wilshire Blvd., Ste 2370
Los Angeles, CA 90025
Date(s) debt was incurred _
Last 4 digits of account number 2093

As of the petition filing date, the claim is: Check all that apply.

Unknown

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Pending lawsuit

Is the claim subject to offset? ☒ No ☐ Yes

3.46 Nonpriority creditor's name and mailing address
Marin Benefits
6366 Commerce Blvd., Suite 293
Rohnert Park, CA 94928
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$1,392.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.47 Nonpriority creditor's name and mailing address
Matrix Pest Eliminations
PO Box 2968
Livermore, CA 94551
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$548.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.48 Nonpriority creditor's name and mailing address
McKesson Medial-Surgical #31714
PO Box 630693
Cincinnati, OH 45263-0693
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$90,040.62

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Medical Supplies

Is the claim subject to offset? ☒ No ☐ Yes

3.49 Nonpriority creditor's name and mailing address
McKesson Medical-Surgical 31722
PO Box 630693
Cincinnati, OH 45263-0693
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$17,483.16

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Medical Supplies

Is the claim subject to offset? ☒ No ☐ Yes

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3.50	Nonpriority creditor's name and mailing address Nextaff Group, LLC c/o Webster Bank PO Box 847637 Boston, MA 02284 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,392.22
3.51	Nonpriority creditor's name and mailing address Nutrition Therapy Essentials 2350 W. Shaw Ave., Ste. 106 Fresno, CA 93711 Date(s) debt was incurred <u>8/2023</u> Last 4 digits of account number <u>n/a</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,292.00
3.52	Nonpriority creditor's name and mailing address Office of Statewide Health Plan & Devt Dept. of Health Care Access & Info Sacramento, CA 95833 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,418.67
3.53	Nonpriority creditor's name and mailing address Pharmerica Attn: LeeAnn - AR PO Box 409251 Atlanta, GA 30384-9251 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237,431.13
3.54	Nonpriority creditor's name and mailing address PointClickCare Technologies Inc PO Box 674802 Detroit, MI 48267-4802 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,389.50
3.55	Nonpriority creditor's name and mailing address Providence Rehab Group Inc. PO Box 5215 Novato, CA 94900-5215 Date(s) debt was incurred <u>7/2023 - 8/2023</u> Last 4 digits of account number <u>n/a</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146,235.60
3.56	Nonpriority creditor's name and mailing address Republic Services #851 3-0851-1103911 PO Box 78829 Phoenix, AZ 85062-8829 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Garbage service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,902.44

Debtor **Shields Nursing Centers, Inc.**
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3.57	Nonpriority creditor's name and mailing address Republic Services #852 3-0851-1210199 PO Box 78829 Phoenix, AZ 85062-8829 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Garbage service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,514.89
3.58	Nonpriority creditor's name and mailing address Republic Services #853 PO Box 78829 Phoenix, AZ 85062-8829 Date(s) debt was incurred <u>2022 - 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Garbage service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$308.43
3.59	Nonpriority creditor's name and mailing address Scent Air Technologies, Inc PO Box 978754 Dallas, TX 75397 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,664.20
3.60	Nonpriority creditor's name and mailing address Shiftmed, LLC PO Box 124004 Dallas, TX 75312 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Registry services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,475.48
3.61	Nonpriority creditor's name and mailing address Simpson, Garrity, Innes & Jacuzzi PC 601 Gateway Blvd., Suite 950 South San Francisco, CA 94080 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$747.50
3.62	Nonpriority creditor's name and mailing address Skilled MD, Inc. 1154 Earnest Street Hercules, CA 94547 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.63	Nonpriority creditor's name and mailing address Smartlinx Solutions LLC PO Box 22598 New York, NY 10087-2598 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,447.24

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3.64	Nonpriority creditor's name and mailing address Some Things Fishy LLC 1950 Willow Springs Road Morgan Hill, CA 95037 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$327.00
3.65	Nonpriority creditor's name and mailing address Spectrio, LLC PO Box 890271 Charlotte, NC 28289 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,906.94
3.66	Nonpriority creditor's name and mailing address Spherical Medial PC 600 Alfred Noble Dr, Ste A Hercules, CA 94547 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.67	Nonpriority creditor's name and mailing address Staples Advantage Dept LA PO Box 660409 Dallas, TX 75266-0409 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,340.54
3.68	Nonpriority creditor's name and mailing address Superior Plumbing & Drain Cleaning 1000 13th Street Richmond, CA 94801 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,330.00
3.69	Nonpriority creditor's name and mailing address Sutter East Bay Medical Foundation PO Box 254887 Sacramento, CA 95865 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.62
3.70	Nonpriority creditor's name and mailing address Sysco Food Services of SF #931287 PO Box 5019 Fremont, CA 94537 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,183.05

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3.71	Nonpriority creditor's name and mailing address Sysco Food Services of SF #931295 PO Box 5019 Fremont, CA 94537 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,332.31
3.72	Nonpriority creditor's name and mailing address The Department of Public Health Lic & Cert Program Grant and Fiscal Assessment Unit Sacramento, CA 95899 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.73	Nonpriority creditor's name and mailing address Tootris 6170 Cornerstone Ct E, Ste. 33 San Diego, CA 92121 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$444.70
3.74	Nonpriority creditor's name and mailing address Trident Diagnostics LLC 1840 N. Greenville Ave., Ste 178 Richardson, TX 75081-1898 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>March - June (EC/RH Invoices)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,334.49
3.75	Nonpriority creditor's name and mailing address Tyrreia Foreman c/o Soho Law Firm Attn: Edmond Sasooness, Esq. 8889 W. Olympic Blvd. Penthouse Beverly Hills, CA 90211 Date(s) debt was incurred <u>8/28/2023</u> Last 4 digits of account number <u>n/a</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pre-litigation claim by former employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.76	Nonpriority creditor's name and mailing address Webfund 99 Washington Ave., Ste 1008 Albany, NY 12260 Date(s) debt was incurred <u>6/7/2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Merchant Cash Advance Loan; UCC statement does not appear to be recorded</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400,000.00
3.77	Nonpriority creditor's name and mailing address Willie & Monique Shields 238 Malachite Crt. Hercules, CA 94547 Date(s) debt was incurred <u>September 2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent for the corporate facility for one month</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,352.00

Debtor **Shields Nursing Centers, Inc.**
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3.78 Nonpriority creditor's name and mailing address
Zipline.io Limited
Company Number 4835934
2900 Colorado Ave
Santa Monica, CA 90404
Date(s) debt was incurred **2022 – 2023**
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$13,255.20

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Earleen Miller c/o Labor Commissioner Office 1515 Clay St., Ste 801 Oakland, CA 94612	Line 3.27 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Earleen Miller c/o Jeremy V. Reyes, Esq. 2300 Boynton Avenue, Suite 104C Fairfield, CA 94533	Line 3.27 <input type="checkbox"/> Not listed. Explain _____	—
4.3	Graph Insurance Group c/o Lipsius-Benhaim Law, LLP Attn: Meir L. Goldberg 80-02 Kew Gardens Rd, Ste 1030 Kew Gardens, NY 11415	Line 3.35 <input type="checkbox"/> Not listed. Explain _____	—
4.4	Hanson Bridgett LLP Attn: Josue Aparicio, Esq. 425 Market St., FL 26 San Francisco, CA 94105	Line 3.27 <input type="checkbox"/> Not listed. Explain _____	—
4.5	Nextaff 8153 Elk Grove Blvd., Ste 20 Elk Grove, CA 95758	Line 3.50 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts
5a. \$ **374,048.55**

5b. Total claims from Part 2

5b. + \$ **7,466,108.68**

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c. \$ **7,840,157.23**

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA

In re
Shields Nursing Centers, Inc.

Case No. 23-41201

Debtor(s). _____ /

CREDITOR MATRIX COVER SHEET

I declare that the attached Creditor Mailing Matrix, consisting of 2 sheets, contains the correct, complete and current names and addresses of all priority, secured and unsecured creditors listed in debtor's filing and that this matrix conforms with the Clerk's promulgated requirements.

DATED: 10/17/2023

/s/ Michael Jay Berger

Signature of Debtor's Attorney or Pro Per Debtor

Earleen Miller
c/o Appleton Law Group, APC
Attn: Heather Appleton, Esq.
2041 Rosecrans Ave., Ste. 380
El Segundo, CA 90245

Earleen Miller
c/o Labor Commissioner Office
1515 Clay St., Ste 801
Oakland, CA 94612

Earleen Miller
c/o Jeremy V. Reyes, Esq.
2300 Boynton Avenue, Suite 104C
Fairfield, CA 94533

Elam's Consulting & Inspection Services
164 Robles Dr. #270
Vallejo, CA 94591

Hanson Bridgett LLP
Attn: Josue Aparicio, Esq.
425 Market St., FL 26
San Francisco, CA 94105

Interactive Medical Systems Inc.
aka Interactive Therapy Essentials
PO Box 843789
Los Angeles, CA 90084-3789

Nutrition Therapy Essentials
2350 W. Shaw Ave., Ste. 106
Fresno, CA 93711

Providence Rehab Group Inc.
PO Box 5215
Novato, CA 94900-5215

Tyrreia Foreman
c/o Soho Law Firm
Attn: Edmond Sasooness, Esq.
8889 W. Olympic Blvd. Penthouse
Beverly Hills, CA 90211